FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017192 (3)

1. Corporation Name
TRIREX CONSULTING COMPANY

Principal Place of Business	Mailing Address
3620 NW 43 ST STE B GAINESVILLE FL 32606	3620 NW 43 ST STE B GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:

4. FEI Number: 59-3235230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JONES, OTTO MACK
3620 NW 43 ST
STE B
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	PRESIDENT, D	☑ Change ☐ Addition
NAME	JONES, OTTO MACK	12 NAME		
STREET ADDRESS	3620 NW 43 ST #B	13 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	SECT'Y TREASURER, D	☑ Change ☑ Addition
NAME	JONES, MARY A	22 NAME	MELVIN N. MILLER	
STREET ADDRESS	3620 NW 43 ST #B	23 STREET ADDRESS	13409 S.E. 56TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	24 CITY-ST-ZIP	BELLEVUE, WA 98006	
TITLE		31 TITLE	VICE PRESIDENT, D	☐ Change ☑ Addition
NAME		32 NAME	DENNIS GOLDMAN	
STREET ADDRESS		33 STREET ADDRESS	7708 43TH PLACE WEST	
CITY-ST-ZIP		34 CITY-ST-ZIP	MUKILTEO, WA 98275	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: O. Mack Jones — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-1-95 Daytime Phone #: 377-9333

0033149 CP